



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
www.msdlouky.org

May 26, 2011

Cheryl Edwards  
DMR Coordinator  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Shadow Wood WQTC; KPDES No.: KY0031810  
Discharge Monitoring Reports for April, 2011**

Dear Ms. Edwards:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Shadow Wood WQTC; KPDES No.: KY0031810 for the month of April, 2011

There are two exceedences on BOD concentration and loading. The exceedences were caused by the gravity line to the plant having debris in it, which caused raw sewage to turn septic. We believe the heavy rain flushed out the septic sewage which exceeded design parameters. On May 18, 2011, we discovered additional debris in the gravity line.

There were no overflow or bypass reports for this month.

We are resubmitting the cover letter due to name being incorrect and the first page of DMR due to nothing being in the comments section.

If you have any questions concerning the attached DMRs, please contact me at (502)587-5856.

Sincerely,

Richard Mills  
Process Supervisor, East Region

RM/Shadow Wood 4.11

Enclosures

cc: C. Roth (DOW Louisville)  
T. Singleton  
R. Shaw



*Beneficial Use of Louisville's Biosolids*  
www.louisvillegreen.com

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SHADOWWOOD WQTC  
ADDRESS: C/O JOHN KESSEL  
LOUISVILLE, KY 40241  
FACILITY: SHADOWWOOD WQTC  
LOCATION: 5497 FOREST LAKE DR  
LOUISVILLE, KY 40059

KY0031810  
PERMIT NUMBER

001-1  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40241  
MINOR  
(SUBR LV) JEFFE  
SANITARY WASTEWATER  
External Outfall

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
04/01/2011 TO 04/30/2011

ATTN: MARION M GEE

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****		0	1/2	GR
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8		0	1/2	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	6.2	13.0		*****	11	19		0	1/2	CP
	PERMIT REQUIREMENT	21.3 30DA AVG	42.5 DAILY MX	lb/d	*****	30 30DA-AVG	60 DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total (as N) 00610 1 2 Effluent Gross	SAMPLE MEASUREMENT	0.16	0.28		*****	0.3	0.6		0	1/2	CP
	PERMIT REQUIREMENT	3.54 30DA AVG	7.08 DAILY MX	lb/d	*****	5 30DA AVG	10 DAILY MX	mg/L		Weekly	COMPOS
Phosphorus, total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.4	0.6		0	1/2	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.042	0.136		*****	*****	*****	*****	0	CN	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	Mgal/d	*****	*****	*****	*****		Continuous	CONTIN
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	24		0	1/2	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	#/100mL		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Scherztein Jr. Exec. Director TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richard Millo		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		502 540-6000	05/26/2011 4/25/05
		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: SHADOWWOOD WQTC  
LOCATION: 5497 FOREST LAKE DR  
LOUISVILLE, KY 40059  
ATTN: MARION M GEE

KY0031810	001-1
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 04/01/2011	TO 04/30/2011

DMR Mailing ZIP CODE: 40241  
MINOR  
(SUBR LV) JEFFE  
SANITARY WASTEWATER  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	5.55	16.4		*****	9.5	24		2	1/7	CP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	7.09 30DA AVG	14.2 DAILY MX	lb/d	*****	10 30DA AVG	20 DAILY MX	mg/L		Weekly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Schurden Jr. EXEC. Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<i>Richard Mills</i>	TELEPHONE	DATE
			562 546-6000	05/26/2011 11/25/05
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) *see COVER LETTER FOR EXPLANATION OF EXCEEDANCES*

SHADOW WOOD		Report for	Apr-11		Tot. Exc.=		0 Violation			
Tot. Flow=	1.245		Concentrations				Pounds		Conc.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos	
4/1/11	0.018									
4/2/11	0.03									
4/3/11	0.025									
4/4/11	0.025									
4/5/11	0.019	4	4	0.22	1	0.634	0.634	0.035	0.174	
4/6/11	0.023									
4/7/11	0.017									
4/8/11	0.019									
4/9/11	0.039									
4/10/11	0.025									
4/11/11	0.061	14	6	0.56	24	7.122	3.052	0.285	0.548	
4/12/11	0									
4/13/11	0.013									
4/14/11	0.065									
4/15/11	0.04									
4/16/11	0.028									
4/17/11	0.02									
4/18/11	0.063	8	4	0.22	1	4.203	2.102	0.116	0.556	
4/19/11	0.031									
4/20/11	0.025									
4/21/11	0.019									
4/22/11	0.017									
4/23/11	0.136									
4/24/11	0.127									
4/25/11	0.082	19	24	0.28	1	12.994	16.413	0.191	0.492	
4/26/11	0.044									
4/27/11	0.1									
4/28/11	0.069									
4/29/11	0.039									
4/30/11	0.026									
5/1/11										
Average	0.042	11.25	9.50	0.32	2.21	6.24	5.55	0.16	0.44	
Maximum	0.136	19.00	24.00	0.56	24.00	12.99	16.41	0.28	0.56	